

Imprisoning Innocents

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We often engage in behaviors that endanger ourselves and are protected from such actions by warnings—instinctual or those issued by parents, priests, politicians, and physicians. The penalty for ignoring most warnings is the consequence of our actions. In only a few exceptions—“suicidal ideation” or “threat” being one—are we punished for such actions by agents of the State.

Although suicide is legal, failed suicide or communicating the intention to commit suicide is not. Each is a violation of mental health laws, punished by coercions called “hospitalization” and “treatment.” In my recent book, *Suicide Prohibition: The Shame of Medicine* (Syracuse University Press), I examine this modern phenomenon and illustrate it with many examples. Here I add a few more typical vignettes.

On February 11 KTLA TV in Los Angeles reported that little Jack Dorman, a 6-year-old child in San Pedro, California, “was pulled out of his elementary school classroom after he sketched a drawing of zombies and stick figures and wrote that he wanted to die.” Against the express wishes of his mother, he was incarcerated in a psychiatric hospital. Why? Because in the eyes of the mental health establishment and the school system, he was, *prima facie*, guilty of the thought crime of “dangerousness to self.”

Jack’s father, a soldier, was being deployed to Iraq. His mother, Syndi, said her son “was simply upset” because he missed his father and that the school’s treatment of her son “was right up there with my worst nightmare.”

Before taking Jack to the insane asylum by ambulance, the school authorities notified Mrs. Dorman of their decision. She objected, according to the television report, explaining that he “suffers from separation anxiety and has seen a therapist in the past. On the day he drew the disturbing picture, he was upset that he couldn’t stay home with his family [and she added] that she would immediately take her son to see his own therapist.”

Nevertheless school officials “called a Los Angeles County psychiatric mobile response team. They determined Jack needed to be committed to a 72-hour psychiatric hold at a local hospital. . . . Los Angeles Unified School District Superintendent Ramon Cortines released a statement, saying, ‘When any student indicates a desire to take his or her own life, the LAUSD is required to follow strict protocols to ensure the safety of the student. . . . The safety of LAUSD students is paramount. We did the right thing here.’”

This is medical sadism masquerading as suicide prevention. Worse, it is educational entrapment masquerading as compassionate concern for “kids.” From kindergarten on American children are routinely given crayons and encouraged to “express themselves.” Often their drawings are interpreted as if they were the productions of potentially dangerous persons providing “psychiatric insights” into their “minds.” Thus children are diagnosed as mentally ill, ejected from school, incarcerated in insane asylums, and drugged. They as well as their parents are victims of legal-psychiatric entrapment, an outcome due in part to the fact that many Americans—parents especially—have eagerly entrapped themselves in the psychiatric protection racket.

After 48 hours, little Jack was allowed to go home. Not surprisingly, he now has a bona fide mental illness, “school phobia”: “He’s afraid they are going to take him away again,” says his mother.

When Suicide Prohibition Promotes Suicide

Prohibitions tend to promote the very things prohibitionists ostensibly seek to prevent. Suicide prohibition is no exception. When the result is unqualified evil, as it often is, we insist on misinterpreting the causal sequence, as the following story illustrates.

In February the Everly Funeral Homes in Fairfax, Virginia, placed the following notice on its website: “Mr. Nicholas L. ‘Nick’ Stuban, age 15, of Fairfax, VA, passed away on January 20, 2011. . . . In lieu of flowers, the family requests donations in Nick’s memory to any organization dealing with Teen Depression and Suicide Prevention.”

Nick Stuban was a popular football player at W. T. Woodson High School in Fairfax County. He was a good student, well behaved, and well liked by teachers. He did not “pass away.” He killed himself. Why? Because of a set of events set in motion by punishment for buying a capsule of a legal substance, JWH-018, a synthetic compound with marijuana-like properties.

On November 3, 2010, Nick was suspended from school. For almost three months he was banned from attending weekly Boy Scout meetings, driver’s education sessions, and all sports events. “He felt stigmatized and grew isolated. . . . [T]he teen rumor mill produced exaggerated versions of why he’d been suspended. Some friendships slipped away. His sense of accumulating unfairness rose,” one news report stated. This was not the only trauma Nick had to cope with. His mother, disabled by amyotrophic lateral sclerosis, was dependent on a mechanical ventilator and cared for by her husband, nurses, and Nick.

On November 16, Nick and his parents—his mother in a ventilator-equipped wheelchair, attended by a nurse—participated in a hearing on the charges against him. They followed the advice of a Woodson administrator who warned against bringing in

an attorney “because it might create a confrontational climate.” The hearing was worse than confrontational; it was inquisitorial. The hearing officer said to Nick: “You haven’t really given us a good reason why you did this, and we suspect you were really looking to buy something else.” “Why don’t you believe me?” Nick asked, according to his father.

The board ruled against Nick, assigning him to another school. “By then, Nick’s descent had begun,” a newspaper reported. “His father recalls he was quiet, head down when he went to see his new high school.” On December 30 Steve Stuban walked into his son’s bedroom and saw a plastic bag of marijuana. He now realized that Nick’s “disciplinary experience had inadvertently encouraged the behavior it was designed to discourage. ‘Nick was looking to pot to ease his pain,’ said Sandy Stuban.” Desperate, Nick sent a text message to a friend saying he wanted to take his life. “After a tense night, when he wandered off and police searched for him, his family took him to a mental health clinic. He was admitted to a psychiatric hospital.” A week later, diagnosed with depression, Nick was released. The psychiatrists told the parents “they didn’t think Nick would harm himself.” They advised counseling, which he started, and prescribed an antidepressant, which he took.

Were the Stubans unaware that the alliance between the educational system and the mental health establishment was responsible for their predicament? Or did they realize it but deny this frightful insight? We do not know. What we do know is that they bought into Nick’s psychiatric degradation disguised as scientific mental health practice and suicide prevention.

On January 5, 2011, Nick killed himself. He left a note for his parents in which he referred to “life’s unfairness.” Poor Nick was too young to recognize that, more than unfairness, his mistreatment was a manifestation of the malice lurking in the hearts of all too many unhappy educational and mental health professionals.

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